New York (02-45)
Approved: 02/27/03
Effective: 12/01/02

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 02-45 2. STATE: **New York**
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE **December 1, 2002**

5. TYPE OF PLAN MATERIAL *(Check One)*:

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT **XX**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: **42 CFR Section 447.204**	7. FEDERAL BUDGET IMPACT: a. FFY **2002-2003** **$3.208 million** b. FFY **2003-2004** **$3.850 million**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B **Attachment 4.19B, Page 10(1)(A) and Page 10-7** ** See Remarks	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: **Attachment 4.19B, Page 10(1)(A)**

10. SUBJECT OF AMENDMENT: **Non-Institutional Services, Rates of Payment, Early Intervention Services**

11. GOVERNOR'S REVIEW *(Check One)*:

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **xxx**

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: Kathryn Kuhmerker	16. RETURN TO: **New York State Department of Health, Corning Tower, Empire State Plaza, Albany NY 12237**
13. TYPED NAME: **Kathryn Kuhmerker**	
14. TITLE: **Deputy Commissioner, Department of Health**	
15. DATE SUBMITTED: September 16, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: FEB 27 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 01 2002	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

*Please note a request to renumber previously submitted pages Attachment 4.19-B, Pages 10-6 and 10-6a (from SPA 01-02) to reassigned page numbers Attachment 4.19-B, Page 10-3(a) and 10-3(b) respectively (see Attached). This reordering will align similar content for this subject.

As per State letter of 01/14/2003
New pages have also been submitted and approved.
They are Attachment 4.19B, page 10(1)(A), Attachment 4.19B, page 10-7, Attachment 4.19B, page 10-3(a), Attachment 4.19B, page 10-3(b).

[TYPE OF SERVICE] [METHOD OF REIMBURSEMENT]

Rehabilitative Services

Reimbursement for approved early intervention providers is associated with resource use patterns to ensure that evaluations and early intervention services are economically and efficiently provided. The method is based on a classification of early intervention services.

Under the reimbursement methodology, individual or combined prices are established prospectively for each service category. For each service category, a price is established to cover labor, administrative overhead; general operating and capital costs. The prices are adjusted to reflect regional differences in costs. The regional classification system used to reflect differences in costs is described in 86-2.10(c)(5) of Attachment 4.19-A of the State Plan. All prices are subject to the approval of the New York State Division of the Budget.

Existing rates of reimbursement, for approved early intervention services provided on and after December 1, 2002, shall be increased by three percent. The Commissioner of Health is authorized to require any early intervention provider, with the exception of self-employed early intervention providers, to submit a written certification attesting that such funds were or will be used solely for the purpose of recruitment and retention of early intervention service providers during the 2002-03 state fiscal year.

Early Intervention service providers who were authorized to provide early intervention services pursuant to section 236 of the Family Court Act during 1993, shall be reimbursed actual allowable capital costs obligated prior to July 1, 1993. Such reimbursement will continue through June 30, 1996.

Target Group G – Early Intervention

Existing rates of reimbursement, for approved early intervention services provided on and after December 1, 2002, shall be increased by three percent. The Commissioner of Health is authorized to require any early intervention provider, with the exception of self-employed early intervention providers, to submit a written certification attesting that such funds were or will be used solely for the purpose of recruitment and retention of early intervention service providers during the 2002-03 state fiscal year.

TN 02-451 Approval Date FEB 27 2003
Supersedes TN New Effective Date DEC 01 2002

TYPE OF SERVICE

Case Management Services
Target Group D1:

Medicaid eligible individuals who are served by the New York State Office of Mental Health's Intensive Case Management Program and who:

(i) are seriously and persistently mentally ill and

(ii) require intensive, personal and proactive intervention to help them obtain service, which will permit or enhance functioning in the community and

(iii) either have symptomatology which is difficult to treat in the existing mental health care system or are unwilling or unable to adapt to the existing mental health care system.

METHOD OF REIMBURSEMENT

For payments to Flexible Intensive Case Management providers in New York State a monthly fee shall be established for each provider and approved by the Division of the Budget. Providers may bill for the monthly rate only if the Medicaid eligible adult ICM client has been seen by the case manager a minimum of two times during the month. Clients who appear to be ready for disenrollment from the program can be deemed to be in transitional status, and the program can bill during that period if the client receives a minimum of one visit, but in no instance may a client remain in transitional status for more than two months.

The program as a whole must provide in the aggregate four visits times the number of Medicaid recipients per month per case manager. For seriously and emotionally disturbed children's programs/providers, up to 25% of the total required aggregate visits may be made to collaterals as defined n 14NYCRR Part 587.

TYPE OF SERVICE

Case Management Services
Target Group D2:

Medicaid eligible individuals who:

(i) are seriously and persistently mentally ill, and

(ii) require intensive, personal and proactive intervention to help them obtain service, which will permit or enhance functioning in the community, and

(iii) either have symptomatology which is difficult to treat in the existing mental health care system; or are unwilling or unable to adapt to the existing mental health care system; or need support to maintain their treatment connections and/or residential settings.

METHOD OF REIMBURSEMENT

Each Flexible and Blended Case Management program will receive a regional rate approved by the Division of the Budget determined by its staffing combination (i.e., the number of Intensive Case Managers and Supportive Case Managers on a particular team). No bill can be generated for a particular client unless that client has received at least two face-to-face contacts during the month. However, in order to bill the program as a whole must provide in the aggregate four visits times the number of Medicaid recipients per month per Intensive Case Management staff and two times the number of Medicaid recipients per month per Supportive Case Manager. For seriously emotionally disturbed children's programs or providers, up to 25% of the total required aggregate Intensive Case Management visits may be made to collaterals as defined in 14NYCRR Part 587. Clients who appear to be ready for disenrollment from the program can be placed into transitional status. The program can bill for the individual in transitional status during that period if the client receives a minimum of one visit, but in no instance may a client remain in transitional status for more than two months.